

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						10-089,265						
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1					51						
2	1					52						
3	21					53						
4	16					54						
5	61					55						
6	19					56						
7	65					57						
8						58						
9						59						
10						60						
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42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	2					TOTAL IND.						
TOTAL DEP.	5	2	2	2	2	TOTAL DEP.						
TOTAL CLAIMS	7					TOTAL CLAIMS						